

**1a**

<b>MOUNTAIRE FARMS OF DELMARVA</b> <b>Request for Vacation or Floating Holiday</b>			
<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <b>SECTION 1</b> </div> <i>To Be Completed by Employee</i>			
Date of Hire <u>5/20/02</u>		Dept. <u>5620</u>	
Employee Name: <u>Hayward Savage</u> SS# _____		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
<b>VACATION:</b> <span style="float: right;"><u>Hold until 4/5-17-03</u></span>			
<input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day(s)		Date Requested _____ Date(s) Requested <u>Money only</u>	
<b>FLOATING HOLIDAY:</b> (circle one) Date Requested <u>Money only</u> Calendar <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Hayward Savage</u>		Date <u>4/29/03</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <b>SECTION 2</b> </div> <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Due: _____	Total Days Due: _____	<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg);"> <b>PAYROLL</b>  <b>MAY 17 2003</b>  <b>WEEK END</b> </div>	
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <b>SECTION 3</b> </div> <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
<b>SUPERVISOR:</b> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Joe Harrison</u> <u>4/29/03</u> Signature _____ Date _____		<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____	
<b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____		<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

**MOUNTAIRE FARMS OF DELMARVA****Request for Vacation or Floating Holiday****SECTION 1***To Be Completed by Employee*

Date of Hire

5/20/02

Dept.

5620

Employee Name:

Hayward Savage

SS#

☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ ½ Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**

Date Requested

Money only(circle one)  
Calendar

Anniversary

*I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.*

Hayward Savage

Employee Signature

12-9-02

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources*

02 DEC 10 11:00

**Vacation**

- 1) Total Days Due: \_\_\_\_\_
- 2) Days Requested: \_\_\_\_\_
- 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

**Floating Holidays**

- Total Days Due: \_\_\_\_\_
- Days Requested: \_\_\_\_\_
- Days Remaining: \_\_\_\_\_

PAYROLL  
DEC 07 2002WEEK ENDING

Human Resources Representative's Signature

Date

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐Joseph Harmon

Signature

Date

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

# MOUNTAIRE

## Time Off Request Form

Name Tasper Smith S.S.#         
 Date of Hire 7/20/00 Department Portland  
☒ UNION      ☐ NON-UNION HOURLY      ☐ SALARIED

(CHECK ONE): Vacation <input checked="" type="checkbox"/>	Personal/Floating Holiday - Calendar <u>      </u>  Personal/Floating Holiday - Anniversary <u>      </u>
--	---

Day/Date(s) Requested Money only 1 wk

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Tasper Smith 7-2-2011 PA  
 Employee's Signature Date

Joseph Garrison 7-2-2011 ☒ APPROVED ☐ DISAPPROVED  
 SUPERVISOR'S SIGNATURE DATE WEEK

\_\_\_\_\_  
 FOREMAN'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

\_\_\_\_\_  
 SUPERINTENDENT'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

\_\_\_\_\_  
 PLANT MANAGER'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

<small>FOR OFFICE USE ONLY:</small>	# OF DAYS DUE	<u>      </u>
	# OF DAYS REQUESTED	<u>      </u>
	# OF DAYS LEFT	<u>      </u>

<b>MOUNTAIRE FARMS OF DELMARVA</b> <b>Request for Vacation or Floating Holiday</b>			
<b>SECTION 1</b> To Be Completed by Employee		Date of Hire <u>7/20/00</u>	Dept. <u>5620</u>
Employee Name: <u>Jasper Smith</u> SS# _____		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non Union Hourly <input type="checkbox"/> Salaried	
<b>VACATION:</b> <input type="checkbox"/> 1/4 Day      Date Requested _____ <input type="checkbox"/> Full Day(s)      Date(s) Requested _____			
<b>FLOATING HOLIDAY:</b> (circle one) Date Requested <u>8/6/01</u> Calendar <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Jasper Smith</u> Employee Signature		<u>8/6/01</u> Date	
<b>NOTE:</b> This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
<b>SECTION 2</b> To Be Completed by Human Resources			
<b>Vacation</b>		<b>Floating Holidays</b>	
1) Total Days Due: _____	Total Days Due: _____	<div style="font-size: 2em; font-weight: bold; transform: rotate(-10deg);">             PAYROLL              AUG 11 2001              WEEK 1           </div>	
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____ (1 - 2 = 3)	Days Remaining: _____		
Human Resources Representative's Signature _____		Date _____	
<b>SECTION 3</b> To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
<b>SUPERVISOR:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
<b>FOREMAN:</b> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Joseph Garrison</u>	Date _____	Signature _____	Date _____
<b>NOTE:</b> PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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A00037

<b>MOUNTAIRE FARMS OF DELMARVA</b> <b>Request for Vacation or Floating Holiday</b>	
<b>SECTION 1</b>	<i>To Be Completed by Employee</i> Date of Hire <u>7/20/00</u> Dept. <u>5620</u>
Employee Name: <u>Jasper Smith</u> SS# _____	<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried
<b>VACATION:</b> <input type="checkbox"/> 1/2 Day    Date Requested _____ <input type="checkbox"/> Full Day(s)    Date(s) Requested _____	
<b>FLOATING HOLIDAY:</b> Date Requested <u>money only</u> (circle one) <u>Calendar</u> <del>Anniversary</del>	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>	
✓ <u>Jasper Smith</u> Employee Signature	✓ <u>11/10/01</u> Date
<b>NOTE:</b> This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.	
<b>SECTION 2</b> <i>To Be Completed by Human Resources</i>	
<b>Vacation</b> 1) Total Days Due: _____ 2) Days Requested: _____ 3) Days Remaining: _____ (1 - 2 = 3)	<b>Floating Holidays</b> Total Days Due: _____ Days Requested: _____ Days Remaining: _____
Human Resources Representative's Signature _____	Date _____
<b>SECTION 3</b> <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>	
<b>SUPERVISOR:</b> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> X <u>Joe Harrison</u> Signature _____ Date _____	<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____
<b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____	<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____
<b>NOTE:</b> PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.	

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A00038

<b>MOUNTAIRE FARMS OF DELMARVA</b> <b>Request for Vacation or Floating Holiday</b>			
<b>SECTION 1</b>	<i>To Be Completed by Employee</i> Date of Hire <u>7/20/00</u> Dept. <u>5620</u>		
Employee Name: <u>Jasper Smith</u> SS# _____			<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried
<b>VACATION:</b> <input type="checkbox"/> ½ Day      Date Requested _____ <input type="checkbox"/> Full Day(s)      Date(s) Requested _____			
<b>FLOATING HOLIDAY:</b> Date Requested <u>Money only</u> (circle one) <u>Calendar</u> Anniversary _____			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Jasper Smith</u> Employee Signature			<u>6-3-02</u> Date
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
<b>SECTION 2</b> <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1)	Total Days Due: _____	Total Days Due: _____	
2)	Days Requested: _____	Days Requested: _____	
3)	Days Remaining: _____	Days Remaining: _____	
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
<b>SECTION 3</b> <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
<b>SUPERVISOR:</b> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>Jayla Harrison</u> Signature      Date		_____ Signature      Date	
<b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
_____ Signature      Date		_____ Signature      Date	
NOTE:      PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

<b>MOUNTAIRE FARMS OF DELMARVA</b> <b>Request for Vacation or Floating Holiday</b>	
<b>SECTION 1</b>	<i>To Be Completed by Employee</i> Date of Hire <u>7/20/00</u> Dept. <u>51620</u>
Employee Name: <u>Jasper Smith</u> SS# _____ <div style="text-align: right;"> <input checked="" type="checkbox"/> Union  <input type="checkbox"/> Non-Union Hourly  <input type="checkbox"/> Salaried </div>	
<b>VACATION:</b> <input type="checkbox"/> ½ Day      Date Requested _____ <input type="checkbox"/> Full Day(s)      Date(s) Requested _____	
<b>FLOATING HOLIDAY:</b> Date Requested <u>Money only</u> (circle one) <u>Calendar</u> Anniversary _____	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>	
Employee Signature <u>[Signature]</u> Date <u>4/19/02</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.	
<b>SECTION 2</b> <i>To Be Completed by Human Resources</i>	
<u>Vacation</u>	<u>Floating Holidays</u>
1) Total Days Due: _____ 2) Days Requested: _____ 3) Days Remaining: _____ <div style="text-align: center;">(1 - 2 = 3)</div>	Total Days Due: _____ Days Requested: _____ Days Remaining: _____
Human Resources Representative's Signature _____      Date _____	
<b>SECTION 3</b> <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>	
<b>SUPERVISOR:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>Joseph Janson</u> Signature _____      Date _____	<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____      Date _____
<b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____      Date _____	<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____      Date _____
NOTE:      PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.	

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A00040



April - This is the one I called about this morning

<b>MOUNTAIRE FARMS OF DELMARVA</b> <b>Request for Vacation or Floating Holiday</b>											
<b>SECTION 1</b>	<i>To Be Completed by Employee</i> Date of Hire <u>7-20-00</u> Dept. <u>Live/Hg</u> Employee Name: <u>Jasper Smith</u> SS# <u>5620</u> <input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried										
<b>VACATION:</b> <input type="checkbox"/> 1/2 Day      Date Requested <u>Money only</u> <input type="checkbox"/> Full Day(s)      Date(s) Requested <u>23 + 24 1 week</u>											
<b>FLOATING HOLIDAY:</b> (circle one) Date Requested _____ Calendar <u>Anniversary</u>											
I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.											
Employee Signature <u>Jasper Smith Jr.</u> Date <u>7/2/02</u>											
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.											
<b>SECTION 2</b>	<i>To Be Completed by Human Resources</i> <table style="width: 100%;"> <tr> <th style="text-align: center;">Vacation</th> <th style="text-align: center;">Floating Holidays</th> </tr> <tr> <td>1) Total Days Due: _____</td> <td>Total Days Due: _____</td> </tr> <tr> <td>2) Days Requested: _____</td> <td>Days Requested: _____</td> </tr> <tr> <td>3) Days Remaining: _____</td> <td>Days Remaining: _____</td> </tr> <tr> <td style="text-align: center;">(1 - 2 = 3)</td> <td></td> </tr> </table>	Vacation	Floating Holidays	1) Total Days Due: _____	Total Days Due: _____	2) Days Requested: _____	Days Requested: _____	3) Days Remaining: _____	Days Remaining: _____	(1 - 2 = 3)	
Vacation	Floating Holidays										
1) Total Days Due: _____	Total Days Due: _____										
2) Days Requested: _____	Days Requested: _____										
3) Days Remaining: _____	Days Remaining: _____										
(1 - 2 = 3)											
Human Resources Representative's Signature _____ Date _____											
<b>SECTION 3</b>	<i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>SUPERVISOR:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>  <u>[Signature]</u> _____            Signature _____ Date _____         </td> <td style="width: 50%;"> <b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>            _____            Signature _____ Date _____         </td> </tr> <tr> <td> <b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>            _____            Signature _____ Date _____         </td> <td> <b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>            _____            Signature _____ Date _____         </td> </tr> </table>	<b>SUPERVISOR:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>[Signature]</u> _____ Signature _____ Date _____	<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____	<b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____	<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____						
<b>SUPERVISOR:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>[Signature]</u> _____ Signature _____ Date _____	<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____										
<b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____	<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____										
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.											

5620

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**A00042**

<b>MOUNTAIRE FARMS OF DELMARVA</b> <b>Request for Vacation or Floating Holiday</b>			
<b>SECTION 1</b> To Be Completed by Employee		Date of Hire <u>7-20-00</u>	Dept. <u>5622-4</u>
Employee Name: <u>Jasper Smith Jr.</u>		SSN: _____	
<input type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried		Hold until w/e <u>7-19-03</u> <u>1wk</u>	
<b>VACATION:</b>			
<input type="checkbox"/> 1/2 Day <input checked="" type="checkbox"/> Full Day(s)		Date Requested _____ Date(s) Requested <u>July 21-July 25, 2003</u>	
<b>FLOATING HOLIDAY:</b> (circle one) Date Requested _____ Calendar _____ Anniversary _____			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Jasper Smith Jr.</u> Employee Signature		<u>7/1/03</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
<b>SECTION 2</b> To Be Completed by Human Resources			
<b>Vacation</b>		<b>Floating Holidays</b>	
1) Total Days Due: _____ 2) Days Requested: _____ 3) Days Remaining: _____ (1 - 2 = 3)		Total Days Due: _____ Days Requested: _____ Days Remaining: <u>PAYROLL</u> <u>JUL 19 2003</u> <u>WEEK ENDING</u>	
_____ Human Resources Representative's Signature		_____ Date	
<b>SECTION 3</b> To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
<b>SUPERVISOR:</b> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Joseph J. [Signature]</u> Signature _____ Date _____		<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____	
<b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____		<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature _____ Date _____	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

<b>MOUNTAIRE FARMS OF DELMARVA</b> <b>Request for Vacation or Floating Holiday</b>			
<b>SECTION 1</b> To Be Completed by Employee		Date of Hire <u>7-26-2000</u>	Dept. <u>Livestock</u>
Employee Name: <u>Jasper Smith</u> SS# <u>                    </u>		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
<b>VACATION:</b> <input type="checkbox"/> 1/2 Day      Date Requested <u>23 + 24</u> <input type="checkbox"/> Full Day(s)      Date(s) Requested <u>                    </u>			
<b>FLOATING HOLIDAY:</b> (circle one) Date Requested <u>                    </u> Calendar <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Jasper Smith</u>		Date <u>7/2/02</u>	
<b>NOTE:</b> This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
<b>SECTION 2</b> To Be Completed by Human Resources			
<b>Vacation</b>		<b>Floating Holidays</b>	
1) Total Days Due: <u>                    </u>	Total Days Due: <u>                    </u>		
2) Days Requested: <u>                    </u>	Days Requested: <u>                    </u>		
3) Days Remaining: <u>                    </u>	Days Remaining: <u>                    </u>		
(1 - 2 = 3)			
Human Resources Representative's Signature <u>                    </u>		Date <u>                    </u>	
<b>SECTION 3</b> To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
<b>SUPERVISOR:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>Joseph Harris</u> Signature      Date		<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature      Date	
<b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature      Date		<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature      Date	
<b>NOTE:</b> PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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A00044

<b>MOUNTAIRE FARMS OF DELMARVA</b> <b>Request for Vacation or Floating Holiday</b>	
<b>SECTION 1</b>	<i>To Be Completed by Employee</i> Date of Hire <u>July 20, 2000</u> Dept. <u>5622-4</u>
Employee Name: <u>Jasper Smith Jr.</u> SS# _____ <div style="text-align: right;"> <input checked="" type="checkbox"/> Union  <input type="checkbox"/> Non-Union Hourly  <input type="checkbox"/> Salaried </div>	
<b>VACATION:</b> <input type="checkbox"/> 1/2 Day    Date Requested _____ <input type="checkbox"/> Full Day(s)    Date(s) Requested _____	
<b>FLOATING HOLIDAY:</b> Date Requested <u>July 17, 2003</u> (circle one) <u>Calendar</u> <u>Anniversary</u>	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>	
<u>X Jasper Smith Jr.</u> <u>X 7/1/03</u> Employee Signature    Date	
<b>NOTE:</b> This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.	
<b>SECTION 2</b> <i>To Be Completed by Human Resources</i>	
<b>Vacation</b> 1) Total Days Due: _____ 2) Days Requested: _____ 3) Days Remaining: _____ (1 - 2 = 3)	<b>Floating Holidays</b> Total Days Due: _____ Days Requested: _____ Days Remaining: _____
Human Resources Representative's Signature _____    Date _____	
<b>SECTION 3</b> <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>	
<b>SUPERVISOR:</b> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Joseph Y. Anun</u> _____ Signature    Date	<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature    Date
<b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature    Date	<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature    Date
<b>NOTE:</b> PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.	

3-26-02; 10:42AM;

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<b>MOUNTAIRE FARMS OF DELMARVA</b> <b>Request for Vacation or Floating Holiday</b>			
<b>SECTION 1</b>	<i>To Be Completed by Employee</i> Date of Hire <u>1/26/98</u> Dept. <u>5620</u>		
Employee Name: <u>Ron Tingle</u> SSN: _____ <div style="float: right; text-align: right;"> <input checked="" type="checkbox"/> Union  <input type="checkbox"/> Non-Union Hourly  <input type="checkbox"/> Salaried </div>			
<b>VACATION:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1/2 Day  <input checked="" type="checkbox"/> Full Day(s) </div> <div> Date Requested <u>3 weeks money only</u>  Date(s) Requested _____ </div> </div>			
<b>FLOATING HOLIDAY:</b> (circle one) Date Requested _____    Calendar _____    Anniversary _____			
<i>I understand that if this request is granted, I can to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Ron R. Tingle</u> Date <u>3/22/02</u>			
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
<b>SECTION 2</b> <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1)	Total Days Due: _____	Total Days Due: _____	_____
2)	Days Requested: _____	Days Requested: _____	_____
3)	Days Remaining: _____	Days Remaining: _____	_____
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
<b>SECTION 3</b> <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
<b>SUPERVISOR:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
<b>FOREMAN:</b> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Joseph G. Gannon</u>	Date <u>3/25/02</u>	Signature _____	Date _____
NOTE:    PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

1/26/98

Dept.

5620

Employee Name:

Ron Tingle

SS#

☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested

Money only1 week☒ Full Day(s)

Date(s) Requested

**FLOATING HOLIDAY:**

(circle one)

Date Requested

Calendar

Anniversary

*I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.*

Employee Signature

Ron R. Tingle

Date

3/22/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources*VacationFloating Holidays

- 1) Total Days Due: \_\_\_\_\_
- 2) Days Requested: \_\_\_\_\_
- 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

- Total Days Due: \_\_\_\_\_
- Days Requested: \_\_\_\_\_
- Days Remaining: \_\_\_\_\_

PAYROLLMAR 23 2002WEEK ENDING

Human Resources Representative's Signature

Date

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.



# MOUNTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

1/26/98

Dept.

5620

Employee Name:

Bon Tingle

SS#

- ☒ Union  
☐ Non-Union Hourly  
☐ Salaried

**VACATION:**☐ 1/2 Day

Date Requested

Money only1 week☒ Full Day(s)

Date(s) Requested

**FLOATING HOLIDAY:**

(circle one)

Date Requested

Calendar

Anniversary

*I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.*

Employee Signature

Ron R. Tingle

Date

3/22/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources***Vacation****Floating Holidays**

- 1) Total Days Due: \_\_\_\_\_  
 2) Days Requested: \_\_\_\_\_  
 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

- Total Days Due: \_\_\_\_\_  
 Days Requested: \_\_\_\_\_  
 Days Remaining: \_\_\_\_\_

PAYROLL  
MAR 23 2002

Human Resources Representative's Signature

Date

WIFEK**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.



<b>MOUNTAIRE FARMS OF DELMARVA</b> <b>Request for Vacation or Floating Holiday</b>	
<b>SECTION 1</b>	<i>To Be Completed by Employee</i> Date of Hire <u>1/26/98</u> Dept. <u>5620</u>
Employee Name: <u>Ron Tingle</u> SS# _____ <div style="float: right; text-align: right;"> <input checked="" type="checkbox"/> Union  <input type="checkbox"/> Non-Union Hourly  <input type="checkbox"/> Salaried </div>	
<b>VACATION:</b> <input type="checkbox"/> ½ Day    Date Requested _____ <input type="checkbox"/> Full Day(s)    Date(s) Requested _____	
<b>FLOATING HOLIDAY:</b> Date Requested <u>Money only</u> (circle one) <u>Calendar</u> <u>Anniversary</u> <u>(Both)</u>	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>	
<u>X Ron R. Tingle</u> <u>X 12-9-02</u> Employee Signature    Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.	
<div style="text-align: right;">32 DEC 2 1992</div>	
<b>SECTION 2</b> <i>To Be Completed by Human Resources</i>	
<u>Vacation</u>	<u>Floating Holidays</u>
1) Total Days Due: _____ 2) Days Requested: _____ 3) Days Remaining: _____ (1 - 2 = 3)	Total Days Due: _____ Days Requested: <u>DEC 07 2002</u> Days Remaining: <u>WEEK END</u>
Human Resources Representative's Signature _____    Date _____	
<b>SECTION 3</b> <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>	
<b>SUPERVISOR:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>Joseph J.annon</u> Signature _____    Date _____	<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____    Date _____
<b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____    Date _____	<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____    Date _____
NOTE:    PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.	

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<h2 style="margin: 0;">MOUNTAIRE FARMS OF DELMARVA</h2> <h3 style="margin: 0;">Request for Vacation or Floating Holiday</h3>			
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>SECTION 1</b></div>	<i>To Be Completed by Employee</i> Date of Hire <u>1-26-98</u> Dept. <u>5620</u>		
Employee Name: <u>Ron Tingle</u> SS# <u>        </u>		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
<b>VACATION:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1/2 Day  <input checked="" type="checkbox"/> Full Day(s) </div> <div> Date Requested _____  Date(s) Requested <u>money only (2 weeks)</u> </div> </div>			
<b>FLOATING HOLIDAY:</b> (circle one) <div style="display: flex; justify-content: space-around;"> Date Requested _____ Calendar Anniversary </div>			
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p> <div style="display: flex; justify-content: space-between;"> <div> Employee Signature <u>Ron R. Tingle</u> </div> <div> Date <u>2-7-03</u> </div> </div>			
<p><b>NOTE:</b> This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>			
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>SECTION 2</b></div> <i>To Be Completed by Human Resources</i>			
<b>Vacation</b>		<b>Floating Holidays</b>	
1)	Total Days Due: _____	Total Days Due: _____	
2)	Days Requested: _____	Days Requested: _____	
3)	Days Remaining: _____	Days Remaining: <u>214</u>	
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date <u>FEB 10 2003</u>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>SECTION 3</b></div> <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
<b>SUPERVISOR:</b> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>[Signature]</u> Date <u>2/1/03</u>	Signature _____      Date _____		
<b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____      Date _____	Signature _____      Date _____		
<p><b>NOTE:</b> PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</p>			

# MONTAIRE FARMS OF DELMARVA

## Request for Vacation or Floating Holiday

**SECTION 1***To Be Completed by Employee*

Date of Hire

1/26/98

Dept.

5620

Employee Name:

Ron Tingle

SS#

☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested \_\_\_\_\_

☐ Full Day(s)

Date(s) Requested \_\_\_\_\_

**FLOATING HOLIDAY:**

Date Requested

Money only

(circle one)

CalendarAnniversary(Both)

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Ron R. Tingle

Date

12-9-02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

**SECTION 2***To Be Completed by Human Resources***Vacation**

- 1) Total Days Due: \_\_\_\_\_
- 2) Days Requested: \_\_\_\_\_
- 3) Days Remaining: \_\_\_\_\_

(1 - 2 = 3)

**Floating Holidays**

- Total Days Due: \_\_\_\_\_
- Days Requested: \_\_\_\_\_
- Days Remaining: \_\_\_\_\_

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Human Resources Representative's Signature

Date

**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐Signature Joseph J. Ammon Date \_\_\_\_\_SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOREMAN: Approved ☐ Disapproved ☐

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLANT MANAGER: Approved ☐ Disapproved ☐

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.  
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

<b>MOUNTAIRE FARMS OF DELMARVA</b> <b>Request for Vacation or Floating Holiday</b>			
<b>SECTION 1</b>	<i>To Be Completed by Employee</i> Date of Hire <u>1/26/98</u> Dept. <u>5622-#4</u>		
Employee Name: <u>Ron Tingle</u> SS# _____		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
<b>VACATION:</b> <input type="checkbox"/> ½ Day      Date Requested _____ <input type="checkbox"/> Full Day(s)      Date(s) Requested _____			
<b>FLOATING HOLIDAY:</b> Date Requested <u>July 7 &amp; 8<sup>th</sup></u> (circle one) <u>Calendar</u> <u>Anniversary</u> <u>Both</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Ron Tingle</u> Employee Signature		<u>Ron Tingle</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
<div style="display: flex; justify-content: space-between;"> <div> <b>SECTION 2</b>  <i>To Be Completed by Human Resources</i> </div> <div style="text-align: right;"> JUL 7 2003 </div> </div>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1)	Total Days Due: _____	Total Days Due: _____	
2)	Days Requested: _____	Days Requested: _____	
3)	Days Remaining: _____	Days Remaining: _____	
(1 - 2 = 3)		JUL 12 2003	
Human Resources Representative's Signature _____		Date _____	
<b>SECTION 3</b> <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
<b>SUPERVISOR:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>Joseph Yannon</u> Signature      Date _____	_____ Signature      Date _____	_____ Signature      Date _____	_____ Signature      Date _____
<b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>[Signature]</u> Signature      Date _____	<u>[Signature]</u> Signature      Date _____	_____ Signature      Date _____	_____ Signature      Date _____
NOTE:    PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

<b>MOUNTAIRE FARMS OF DELMARVA</b> <b>Request for Vacation or Floating Holiday</b>			
<b>SECTION 1</b> <i>To Be Completed by Employee</i>		Date of Hire <u>1/26/98</u>	Dept. <u>5622-#4</u>
Employee Name: <u>Ron Tingle</u>		SS# _____	
<div style="text-align: right;"> <input checked="" type="checkbox"/> Union  <input type="checkbox"/> Non-Union Hourly  <input type="checkbox"/> Salaried </div>			
<b>VACATION:</b> <input type="checkbox"/> 1/2 Day      Date Requested _____ <input type="checkbox"/> Full Day(s)      Date(s) Requested _____			
<b>FLOATING HOLIDAY:</b> Date Requested <u>July 7 &amp; 8<sup>th</sup>, 2005</u> (circle one) <u>Calendar</u> <u>Anniversary</u> <u>Both</u> <u>Personal</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Ron Tingle</u> Employee Signature		<u>Ron Tingle</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
<b>SECTION 2</b> <i>To Be Completed by Human Resources</i>			
<b>Vacation</b>		<b>Floating Holidays</b>	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
_____ Human Resources Representative's Signature		_____ Date	
<b>SECTION 3</b> <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
<b>SUPERVISOR:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>Joseph J.annon</u> Signature      Date	_____ Signature      Date		
<b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>f</u> Signature      Date	<u>x</u> Signature      Date		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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<b>MOUNTAIRE</b> <b>Request for Vacation or Floating Holiday</b>			
<b>SECTION 1</b> To Be Completed by Employee		Date of Request <u>2-6-04</u>	Dept. <u>5622</u>
Employee Name: <u>Ronald Tingle</u>		SS# _____	
VACATION: <input type="checkbox"/> Other <u>Money only</u>		Time Requested <u>(Two weeks)</u> FROM _____ TO _____	
<input type="checkbox"/> Full Day		Date Requested _____	
<input type="checkbox"/> Extended Period		Dates Requested FROM _____ TO _____	
<b>FLOATING HOLIDAY:</b>			
Date Requested _____		(circle one) Calendar      Anniversary	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Ron R. Tingle</u>		Date _____	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
<b>SECTION 2</b> To Be Completed by Human Resources		DATE OF HIRE: <u>11/26/98</u>	
<b>Vacation</b>		<b>Floating Holidays</b>	
1) Total Days Eligible: _____	<b>PAYROLL</b> <b>FEB 07 2004</b> <b>WEEK ENDING</b>		
2) Days Taken: _____			
3) Days Requested: _____			
4) Days Remaining: _____			
(1 - 2 - 3 = 4)		Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____	
Human Resources Representative's Signature _____		Date _____	
<b>SECTION 3</b> To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
<b>SUPERVISOR:</b> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Joe Harrison</u> Date _____		Signature _____ Date _____	
<b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____		Signature _____ Date _____	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

<b>MOUNTAIRE FARMS OF DELMARVA</b> <b>Request for Vacation or Floating Holiday</b>			
<b>SECTION 1</b>	<i>To Be Completed by Employee</i> Date of Hire <u>4/8/97</u> Dept. <u>5620</u>		
Employee Name: <u>Russell West</u> SS# _____		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
<b>VACATION:</b> <input type="checkbox"/> 1/2 Day      Date Requested _____ <input type="checkbox"/> Full Day(s)      Date(s) Requested _____			
<b>FLOATING HOLIDAY:</b> (circle one) Date Requested <u>Money only</u> Calendar <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature: <u>Russell West</u>		Date: <u>X</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
<b>SECTION 2</b> <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: <u>17.4</u>		
(1 - 2 = 3)		<u>Jul 20 2001</u> <u>Wm...</u>	
Human Resources Representative's Signature _____		Date _____	
<b>SECTION 3</b> <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
<b>SUPERVISOR:</b> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Joseph Davison</u> _____ Signature      Date		<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature      Date	
<b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature      Date		<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature      Date	
NOTE:      PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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<b>MOUNTAIRE FARMS OF DELMARVA</b> <b>Request for Vacation or Floating Holiday</b>			
<b>SECTION 1</b> <i>To Be Completed by Employee</i>		Date of Hire <u>4/8/97</u> Dept. <u>5620</u>	
Employee Name: <u>Russell West</u> SS# _____		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
<b>VACATION:</b> <input type="checkbox"/> 1/2 Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____			
<b>FLOATING HOLIDAY:</b> Date Requested <u>Fri - Feb 28<sup>th</sup></u> (circle one) <u>Calendar</u> Anniversary _____			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Russell West</u>		Date <u>2/24/03</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
<b>SECTION 2</b> <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
<b>SECTION 3</b> <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
<b>SUPERVISOR:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____	Signature _____ Date _____		
<b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Joseph J. Amun</u> Date <u>2-24-03</u>	Signature _____ Date _____		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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A00056



6-28-04: 2:02PM

<b>MOUNTAIRE</b> <b>Request for Vacation or Floating Holiday</b>			
<b>SECTION 1</b> To Be Completed by Employee		Date of Request <u>10-28-04</u> Dept. <u>3622-4</u>	
Employee Name <u>Russell West</u> SSH _____		<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	
<b>VACATION:</b> <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
<b>FLOATING HOLIDAY:</b> Date Requested <u>Money only</u> (circle one) <u>Calendar</u> <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Russell West</u>		Date <u>10-28-04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
<b>SECTION 2</b> To Be Completed by Human Resources		DATE OF HIRE: <u>4-18-97</u>	
<u>Vacation</u>		<u>PAYROLL</u>	
1) Total Days Eligible: _____ JUN 26 2004		Total Days Eligible: _____	
2) Days Taken: _____		Days Taken: _____	
3) Days Requested: _____ WEEK ENDING		Days Requested: _____	
4) Days Remaining: _____		Days Remaining: _____	
(1 - 2 - 3 = 4)		Floating Holidays	
Human Resources Representative's Signature _____		Date _____	
<b>SECTION 3</b> To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Joe Hanson</u> Date <u>6/28/04</u>		Signature _____ Date _____	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____		Signature _____ Date _____	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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A00057

<b>MOUNTAIRE FARMS OF DELMARVA</b>			
<b>Request for Vacation or Floating Holiday</b>			
<b>SECTION 1 To Be Completed by Employee</b>		Date of Hire <u>4/8/97</u>	Dept. <u>5620</u>
Employee Name: <u>Russell West</u>		SS# _____	
		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION:			
<input type="checkbox"/> ½ Day      Date Requested _____ <input type="checkbox"/> Full Day(s)    Date(s) Requested <u>money only (2 weeks)</u> <span style="margin-left: 300px;"><i>Hold until W/E 4-5-03</i></span>			
FLOATING HOLIDAY:			
(circle one)			
Date Requested _____		Calendar Anniversary	
I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.			
Employee Signature <u>X Russell West</u>		Date <u>4-03-27-03</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
<b>SECTION 2 To Be Completed by Human Resources</b>			
Vacation		Floating Holidays	
1) Total Days Due: _____		Total Days Due: _____	
2) Days Requested: _____		Days Requested: _____	
3) Days Remaining: _____		Days Remaining: _____	
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
<b>SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)</b>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Joe Harrison</u>	Date <u>3/27/03</u>	Signature _____	Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

A00058

<b>MOUNTAIRE FARMS OF DELMARVA</b> <b>Request for Vacation or Floating Holiday</b>			
<b>SECTION 1</b> <i>To Be Completed by Employee</i>		Date of Hire <u>4/8/97</u>	Dept. <u>3620</u>
Employee Name: <u>Russell West</u>		SSN <u>                    </u>	
<b>VACATION:</b> <input type="checkbox"/> 1/2 Day      Date Requested <u>                    </u> <input type="checkbox"/> Full Day(s)      Date(s) Requested <u>                    </u>		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
<b>FLOATING HOLIDAY:</b> Date Requested <u>Money only</u> (circle one) Calendar      Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Russell West</u>		Date <u>6-5-03</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
03 JUN 9 5:			
<b>SECTION 2</b> <i>To Be Completed by Human Resources</i>			
<b>Vacation</b>		<b>Floating Holidays</b>	
1) Total Days Due: <u>                    </u>	Total Days Due: <u>                    </u>	<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> PAIDROLL  JUN 07 2003  WEEK SUMMIT </div>	
2) Days Requested: <u>                    </u>	Days Requested: <u>                    </u>		
3) Days Remaining: <u>                    </u> (1 - 2 = 3)	Days Remaining: <u>                    </u>		
Human Resources Representative's Signature <u>                    </u>		Date <u>                    </u>	
<b>SECTION 3</b> <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
<b>SUPERVISOR:</b> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		<b>SUPERINTENDENT:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>[Signature]</u>	Date <u>6/5/03</u>	Signature <u>                    </u>	Date <u>                    </u>
<b>FOREMAN:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		<b>PLANT MANAGER:</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>                    </u>	Date <u>                    </u>	Signature <u>                    </u>	Date <u>                    </u>
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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A00059

**MOUNTAINE**  
**Time Off Request Form**

Name Rodney Briddell S.S.# \_\_\_\_\_  
 Date of Hire 4/2/98 Department Line Hand  
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED 5620

(CHECK ONE): Vacation	<input checked="" type="checkbox"/>	Personal/Floating Holiday - Calendar	_____
		Personal/Floating Holiday - Anniversary	_____

Day/Date(s) Requested Money only 1WK

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

X Rodney Briddell 6-26-2006  
 Employee's Signature Date

Joseph Garrison 6-26-2006 ☐ APPROVED ☐ DISAPPROVED  
 SUPERVISOR'S SIGNATURE DATE

\_\_\_\_\_  
 FOREMAN'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

\_\_\_\_\_  
 SUPERINTENDENT'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

\_\_\_\_\_  
 PLANT MANAGER'S SIGNATURE DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	<u>PAYROLL</u>
	# OF DAYS REQUESTED	<u>JUN 24 2006</u>
	# OF DAYS LEFT	<u>WEEK ENDING</u>

FORM 011 wj:das  
 September 23, 1999

A00060

# MOUNTAIRE

## Time Off Request Form

Name Samuel Chandler S.S.# \_\_\_\_\_Date of Hire 2/5/90 Department Line Haul☒ UNION☐ NON-UNION HOURLY☐ SALARIED5620(CHECK ONE):  
Vacation \_\_\_\_\_Personal/Floating  
Holiday - Calendar ☒Personal/Floating  
Holiday - Anniversary \_\_\_\_\_Day/Date(s) Requested Friday, April 28, 2000

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Samuel Chandler  
Employee's Signature

4/27/00  
Date

Joseph Harrison  
SUPERVISOR'S SIGNATURE

4-26-2000 ☒ APPROVED ☐ DISAPPROVED  
DATE
\_\_\_\_\_  
FOREMAN'S SIGNATURE\_\_\_\_\_  
DATE ☐ APPROVED ☐ DISAPPROVED\_\_\_\_\_  
SUPERINTENDENT'S SIGNATURE\_\_\_\_\_  
DATE ☐ APPROVED ☐ DISAPPROVED\_\_\_\_\_  
PLANT MANAGER'S SIGNATURE\_\_\_\_\_  
DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

# OF DAYS DUE \_\_\_\_\_

# OF DAYS REQUESTED \_\_\_\_\_

# OF DAYS LEFT \_\_\_\_\_

FORM 011 updated  
September 23, 1999

A00061

**MOUNTAINEER**  
**Time Off Request Form**

Name Samuel L Chandler S.S.#                       
 Date of Hire 5/24/93 Department Line haul  
☒ UNION      ☐ NON-UNION HOURLY      ☐ SALARIED

(CHECK ONE): Vacation _____	Personal/Floating Holiday - Calendar _____  Personal/Floating Holiday - Anniversary <u>✓</u>
--------------------------------	--

Day/Date(s) Requested Friday, June 23, 00

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Employee's Signature Samuel L Chandler Date 6/23/2000

Supervisor's Signature Joseph Janson Date 6-23-2000 ☐ APPROVED ☐ DISAPPROVED

Foreman's Signature \_\_\_\_\_ Date \_\_\_\_\_ ☐ APPROVED ☐ DISAPPROVED

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_ ☐ APPROVED ☐ DISAPPROVED

Plant Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_ ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

# OF DAYS DUE \_\_\_\_\_

# OF DAYS REQUESTED \_\_\_\_\_

# OF DAYS LEFT \_\_\_\_\_

# MOUNTAIRE Time Off Request Form

Name Samuel Chandler S.S.#                       
Date of Hire 5/24/93 Department Live Haul 562  
☒ UNION      ☐ NON-UNION HOURLY      ☐ SALARIED

(CHECK ONE): Vacation	<input checked="" type="checkbox"/> PATROLL	Personal/Floating Holiday - Calendar	<u>                    </u>
	JUL - 8 2000	Personal/Floating Holiday - Anniversary	<u>                    </u>

Day/Date(s) Requested WEEK ENDING Money Only (2 weeks)

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Samuel Chandler  
Employee's Signature

7-10-2000  
Date

Joseph Starnes  
SUPERVISOR'S SIGNATURE

7-10-2000 ☐ APPROVED ☐ DISAPPROVED  
DATE

\_\_\_\_\_  
FOREMAN'S SIGNATURE

\_\_\_\_\_  
DATE ☐ APPROVED ☐ DISAPPROVED

\_\_\_\_\_  
SUPERINTENDENT'S SIGNATURE

\_\_\_\_\_  
DATE ☐ APPROVED ☐ DISAPPROVED

\_\_\_\_\_  
PLANT MANAGER'S SIGNATURE

\_\_\_\_\_  
DATE ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	<u>                    </u>
	# OF DAYS REQUESTED	<u>                    </u>
	# OF DAYS LEFT	<u>                    </u>

FORM 011 wpd:ao  
September 23, 1999

A00063

# MOUNTAINE Time Off Request Form

Name Anthony Biddins S.S.# \_\_\_\_\_  
 Date of Hire 2/8/2000 Department Fire/Hand  
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED 56.50

(CHECK ONE):	
Vacation _____	Personal/Floating Holiday - Calendar <input checked="" type="checkbox"/>
	Personal/Floating Holiday - Anniversary _____

Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT  
 SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURC.  
 THEY WILL COUNSEL ACCORDINGLY.

Anthony Biddins  
 Employee's Signature

6-19-  
 Date

Joseph Farmer  
 SUPERVISOR'S SIGNATURE

6-19-  
 DATE

\_\_\_\_\_  
 FOREMAN'S SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SUPERINTENDENT'S SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PLANT MANAGER'S SIGNATURE

\_\_\_\_\_  
 DATE

☐ APPROVED ☐ DISAPPROVED

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

# OF DAYS DUE \_\_\_\_\_

# OF DAYS REQUESTED \_\_\_\_\_

# OF DAYS LEFT \_\_\_\_\_

FORM 011 wjd:sp  
 September 23, 1999

JUN 17 2001

WEEK ENDING

A00064



# MOUNTAIRE Time Off Request Form

Name Anthony Eddens S.S.# \_\_\_\_\_Date of Hire 2/08/2002 Department Live House☒ UNION☐ NON-UNION HOURLY☐ SALARIED

5620

(CHECK ONE): Vacation _____	Personal/Floating Holiday - Calendar _____
	Personal/Floating Holiday - Anniversary <input checked="" type="checkbox"/>

Day/Date(s) Requested money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Employee's Signature Anthony EddensDate 2/5/01
 X Joseph Marium  
 SUPERVISOR'S SIGNATURE

 DATE \_\_\_\_\_ ☐ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE \_\_\_\_\_

 DATE \_\_\_\_\_ ☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE \_\_\_\_\_

 DATE \_\_\_\_\_ ☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE \_\_\_\_\_

 DATE \_\_\_\_\_ ☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

PA ROLL

FEB 03 2001

FEB. 03 2001

# MOUNTAIRE Time Off Request Form

Name Anthony Giddins S.S.# \_\_\_\_\_Date of Hire 2/8/00 Department Line Hand☒ UNION☐ NON-UNION HOURLY☐ SALARIED

(CHECK ONE): Vacation <u>  ✓  </u>	Personal/Floating Holiday - Calendar _____  Personal/Floating Holiday - Anniversary _____
---------------------------------------	---

Day/Date(s) Requested money only 1WK

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Employee's Signature Anthony GiddinsDate 01-29-2001Supervisor's Signature Joseph Martin

Foreman's Signature \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_

Plant Manager's Signature \_\_\_\_\_

1-29-2001  
 Pay W/E 2-10-01  
 Check date 02-15-01  
 Anthony Giddins  
 219-78-4638

APPROVED ☐ DISAPPROVED ☐APPROVED ☐ DISAPPROVED ☐APPROVED ☐ DISAPPROVED ☐APPROVED ☐ DISAPPROVED ☐

FOR OFFICE USE ONLY: # OF DAYS DUE \_\_\_\_\_

# OF DAYS REQUESTED \_\_\_\_\_

# OF DAYS LEFT \_\_\_\_\_

PAYROLL

FEB 10 2001

WEEK ENDING